Book Review/Compte rendu

Ronald J. Angel, **Laura Lein**, and **Jane M. Henrici**, *Poor Families in America's Health Care Crisis*. New York: Cambridge University Press, 2006, 268 pp. $US 27.99 paper (978-0-521-54676-8), $US 70.00 hardcover (978-0-521-83774-3)

Canadians often hold the universal nature of their health care system as a point of pride, and even as an essential component of their national identity. The implicit, underlying contrast here is of course with our neighbour to the south, whose health care system stands in sharp contrast in terms of equitable access to health insurance. In fact, the US has the dubious distinction of being the only developed country that does not at least mandate health care coverage for all its citizens, leaving about 47 million uninsured. For working-age Americans and their families, employers constitute the primary source of health insurance coverage. However, skyrocketing health care costs have brought many employers to limit or even drop individual coverage of their employees. Family coverage is becoming even rarer, with the costs of insuring dependents often passed on to the individual. The unemployed, or those working in the increasingly numerous jobs that do not provide health care benefits are left to find alternative sources of coverage and care for themselves and their families.

Poor Families in America's Health Care Crisis documents the consequences, for low-income families, of the organization of the US health care system. Using mixed methods to exploit rich ethnographic and survey data from low-income neighborhoods in Boston, Chicago, and San Antonio the authors show how poor families cumulate risks from their marginal socioeconomic position and navigate with difficulty the consequences of unavoidable health shocks to their families. Because it identifies the broad structural forces that shape these inequitable relationships, this book is of interest not only to students of the health care system organization, but also to those interested in race, gender, poverty, and inequality more generally.

Poor Families in America's Health Care Crisis shows that the individual struggles uncovered by the ethnographic data are linked to structural disadvantage at the centre of which stand families pushed into social exclusion by racial discrimination and peripheral jobs. The two-

tiered organization of the US health care system is highlighted as a key, and often overlooked, player in this situation of cumulative disadvantage. From a health care organization standpoint, this book highlights the unintended and often deleterious consequences of relying so heavily on private, employer-sponsored coverage supplemented by patchy and bureaucratic public systems. But the book goes beyond that, as the contents cover the whole range of these experiences in eight chapters meant to highlight different structural components that are at play. The chapters thus progress from the individual case study of disadvantage to the most macro exclusionary processes (race, gender, and the core-periphery labour market).

A case study in Chapter 1 illustrates the typical struggles faced by a working poor, single mother, and serves to introduce the data and study methodology. Chapter 2 paints sporadic health care coverage as a structuring feature of deprivation among the working poor along with unstable work schedules and jobs, the unavailability of safe, affordable childcare, inefficient public transportation, and unavoidable health shocks. Chapters 3 and 4 reveal the inadequacies of the public safety net (Medicare and the State Children's Health Insurance Program — SCHIP) that is generally the only recourse for poor families, even those with one or two working adults. The heavy bureaucracy of these programs is highlighted as being particularly at fault, as are the low reimbursement rates that lead many providers to refuse Medicare patients. In Chapter 5, the contradictions of an employer driven health insurance system coupled with piecemeal, fragmented social programs are revealed: the working poor often find themselves in jobs that do not offer health benefits, but their income is too high to qualify for welfare benefits. Chapter 6 examines the race-poverty nexus and its interplay with health insurance coverage. Chapter 7 highlights another contradiction of the fragmented welfare system that has resulted in children obtaining coverage while their parents are left uninsured. Finally, Chapter 8 concludes with a call for of a one-payer system as the most efficient means of controlling escalating health care costs and providing coverage for all.

The conclusion is the culmination of the book's *leitmotiv* that the lack of universal health care is responsible for much of the woes that befall poor families. There is much to be said in favour of the equitable outcomes that a universal health care system provides and the US system hardly deserves praise on that count. However, it is unlikely that these families' misfortunes would be solved by a one-payer system alone.

While a single-payer system may be the most efficient and equitable system for controlling health costs and ensuring access for the poor, it is not a feasible solution for the US. Health systems are products of his-

tory, social norms, and the confluence of social forces. The US system is not set to make the transition to a single-payer system in the near future (likely not ever), and this suggestion unfortunately undermines the preceding demonstration. A more credible suggestion would be to push for a mandated health care system like many countries in Western Europe, such as Germany. These systems combine employer-sponsored health insurance with a social safety net in a way that resembles the US system, but differ in two important ways: 1. strong government regulation of private plans and costs, with premiums that are not set on the basis of individual or group health risk; 2. health insurance coverage that is mandated by the state for all citizens, leaving no one uninsured.

Legislation in Massachusetts that took effect in 2007 enacts some of these conditions; at its first birthday, this program had managed to provide health insurance coverage for more than 300,000 of the half-million previously uninsured individuals. This is not to say that the law met no opposition, and it is too early to count it a success, but it certainly seems to provide a more viable option than a single-payer system. The onus now is on researchers such as Angel, Lein, and Henrici to examine whether this population intervention has also managed to improve the conditions of poor families in Massachusetts.

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